

The Vermont Health Plan
Benefit Plan Relative Value Factors
BlueCare LO Options (BCLO) and Open Access (OAP) Medical Plans

index	Product	In-Network						Out-of-Network			Relativity
		Deductible	Coinsurance	Out-of-Pocket	Office Copay	Specialist Copay	ER ¹ Copay	Deductible	Coinsurance	Out-of-Pocket	Active
1	LO	\$2,500	0%	\$2,500							0.7036
2	LO	\$5,000	0%	\$5,000	\$30	\$30					0.6142
3	OAP	\$500	20%	\$1,500	\$20	\$20	\$100	\$1,000	40%	\$3,000	0.8956
4	OAP	\$2,000	20%	\$4,000	\$30	\$30	\$100	\$4,000	40%	\$8,000	0.7086
5	OAP	\$3,000	0%	\$3,000	\$30	\$30	\$100	\$5,000	40%	\$10,000	0.7291

1. **ER Copay:** the displayed member copay goes toward the facility allowed charges.
Associated physician and ancillary charges are the covered at 100%.
2. For the BCLO product, Office and Specialist Copay can be under the deductible.
3. BCLO does not have Out-of-Network benefits.

**The Vermont Health Plan
Benefit Plan Relative Value Factors
Consumer Driven Health Plans (CDHP's)**

index	Product	In-Network						Relativity
		Deductible	Coinsurance	Out-of-Pocket	RX OOPM Limit ³	Wellness Rx ¹	Drugs After Deductible ²	Active
1	CDHP	\$1,500	0%	\$1,500	\$1,250	N/A	0%	0.9724
2	CDHP	\$1,500	0%	\$1,500	\$1,250	0%	0%	0.9774
3	CDHP	\$1,500	20%	\$2,500	\$1,250	N/A	20%	0.8913
4	CDHP	\$1,800	0%	\$1,800	\$1,250	N/A	0%	0.9327
5	CDHP	\$2,000	0%	\$2,000	\$1,250	N/A	0%	0.9092
6	CDHP	\$2,000	10%	\$3,500	\$1,250	N/A	10%/40%/50%	0.8450
7	CDHP	\$2,000	20%	\$3,500	\$1,250	N/A	10%/25%/25%	0.8236
8	CDHP	\$2,000	0%	\$2,000	\$1,250	0%	0%	0.9154
9	CDHP	\$2,000	0%	\$2,000	\$1,250	\$10/\$30/\$50	0%	0.9111
10	CDHP	\$2,000	20%	\$3,000	\$1,250	N/A	20%	0.8405
11	CDHP	\$2,250	0%	\$2,250	\$1,250	N/A	0%	0.8831
12	CDHP	\$2,250	0%	\$2,250	\$1,250	0%	0%	0.8896
13	CDHP	\$2,250	20%	\$3,250	\$1,250	\$15/\$40/\$60	20%	0.8197
14	CDHP	\$2,500	0%	\$2,500	\$1,250	0%	0%	0.8663
15	CDHP	\$2,500	0%	\$2,500	\$1,250	N/A	0%	0.8595
16	CDHP	\$2,500	0%	\$2,500	\$1,250	\$10/\$30/\$50	0%	0.8613
17	CDHP	\$2,500	0%	\$2,500	\$1,250	\$10/\$30/\$50	0%	0.8613
18	CDHP	\$2,500	10%	\$5,000	\$1,250	N/A	10%	0.7941
19	CDHP	\$3,000	0%	\$3,000	\$1,250	N/A	0%	0.8186
20	CDHP	\$3,000	0%	\$3,000	\$1,250	0%	0%	0.8261
21	CDHP	\$3,000	0%	\$3,000	\$1,250	\$10/\$30/\$50	0%	0.8204
22	CDHP	\$3,000	20%	\$5,000	\$1,250	0%	20%	0.7508
23	CDHP	\$3,000	20%	\$5,500	\$1,250	N/A	10%/25%/25%	0.7331
24	CDHP	\$3,000	0%	\$3,000	\$1,250	\$5/\$15/\$40	0%	0.8224
25	CDHP	\$3,000	0%	\$3,000	\$1,250	0%	0%	0.8261
26	CDHP	\$3,000	0%	\$3,000	\$1,250	\$5/40%/60%	0%	0.8197
27	CDHP	\$3,000	0%	\$4,000	\$1,250	\$10/\$30/\$50	\$10/\$30/\$50	0.8096
28	CDHP	\$3,000	20%	\$4,000	\$1,250	0%	20%	0.7753
29	CDHP	\$3,250	20%	\$4,250	\$1,250	\$15/\$40/\$60	20%	0.7520
30	CDHP	\$4,000	0%	\$4,000	\$1,250	0%	0%	0.7630
31	CDHP	\$4,000	0%	\$4,000	\$1,250	N/A	0%	0.7543
32	CDHP	\$5,000	0%	\$5,000	\$1,250	0%	0%	0.7151
33	CDHP	\$5,000	0%	\$5,000	\$1,250	N/A	0%	0.7054
34	CDHP	\$5,000	0%	\$5,000	\$1,250	\$10/\$30/\$50	0%	0.7081

1. **Wellness Rx:** if applicable, cost sharing rules apply *before* the deductible is satisfied.

The member's cost share for **Wellness Rx** accumulates toward the Out-of-Pocket Maximum.

2. **All other drugs** are subject to deductible. Once the deductible is met, drugs are subject to the **Drugs After Deductible** cost share until the Out-of-Pocket Maximum is met.

3. The **Rx OOPM** Limit is as described in Vermont Act 171.

**The Vermont Health Plan
Benefit Plan Relative Value Factors
BlueCare (HMO) Medical Plans**

index	Product ¹	In-Network								Relativity
		IP	OP	HOSP	PCP	SCP	ER	AMB	OOPM	Active
1	HMO	\$2,000	\$1,000		\$20	\$30	\$50	\$50	\$6,350	1.0002
2	HMO	\$250	\$100		\$20	\$30	\$50	\$0	\$6,350	1.0546
3	HMO	\$0	\$0		\$10	\$20	\$50	\$0	\$6,350	1.0772
4	HMO	\$250	\$100		\$10	\$20	\$50	\$0	\$6,350	1.0734
5	HMO	\$250	\$100		\$15	\$25	\$50	\$0	\$6,350	1.0667
6	HMO	\$0	\$0		\$20	\$30	\$50	\$0	\$6,350	1.0620
7	HMO	\$0	\$100		\$20	\$30	\$50	\$0	\$6,350	1.0586
8	HMO			\$1,000	\$20	\$30	\$50	\$50	\$6,350	1.0181
9	HMO	\$250	\$100		\$20	\$30	\$100	\$0	\$6,350	1.0502
10	HMO			\$3,000	\$20	\$30	\$100	\$50	\$6,350	0.9448
11	HMO	\$500	\$200		\$20	\$30	\$100	\$100	\$6,350	1.0420
12	HMO			\$750	\$20	\$30	\$50	\$50	\$6,350	1.0282
13	HMO	\$250	\$100		\$25	\$40	\$100	\$50	\$6,350	1.0292
14	HMO	\$1,500	\$750		\$20	\$30	\$50	\$50	\$6,350	1.0146
15	HMO	\$2,000	\$1,000		\$20	\$30	\$50	\$50	\$6,350	1.0002

PCP	Primary Care Physician Copay
SCP	Specialist Physician Copay
IP	Inpatient Care Deductible (max of 2/yr per family)
OP	Outpatient Surgery Copay
HOSP	Combined Inpatient Care & Outpatient Surgery Deductible (max of 2/yr per family)
ER	Emergency Room Copay
AMB	Ambulance Copay

1. All HMO Plans have a DME rider benefit of: \$100 deductible, 80% coinsurance, built into the relativity.
2. HMO Plans do not have Out-of-Network benefits.

**The Vermont Health Plan
Benefit Plan Relative Value Factors
Prescription Drug Cards**

Index	Type	Deductible	Copay (\$) / Coinsurance (%)						OOPM	Diabetic Supplies	Lifestyle Exclusion Rider	Relativity		Impact of GDR Adjustment	Pharmacy Induced Utilization	Pharmacy Paid to Allowed Ratio
			Retail Generic	Retail Preferred Brand	Retail Non-Preferred Brand	Mail Order Generic	Mail Order Preferred Brand	Mail Order Non-Preferred Brand				Active	Carveout			
1	COP	\$0	\$10	\$20	\$35	\$20	\$40	\$70	\$1,250	100%	N	0.1616	0.5347	1.0353	1.0169	0.8645
2	COP	\$0	\$10	\$25	\$40	\$20	\$50	\$80	\$1,250	100%	N	0.1523	0.5039	1.0020	1.0096	0.8538
3	COP	\$0	\$15	\$25	\$40	\$30	\$50	\$80	\$1,250	100%	N	0.1533	0.5072	1.0552	0.9976	0.8361
4	COP	\$0	\$5	\$20	\$45	\$10	\$40	\$90	\$600	100%	N	0.1644	0.5601	0.9741	1.0385	0.8964
5	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	100%	N	0.1359	0.4683	1.0146	0.9762	0.8046
6	COP	\$0	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	100%	N	0.1459	0.4828	0.9888	1.0017	0.8421
7	COP	\$0	\$10	\$30	\$60	\$20	\$60	\$120	\$1,250	100%	N	0.1444	0.4778	0.9926	0.9979	0.8365
8	COP	\$0	\$5	\$25	\$50	\$10	\$50	\$100	\$1,250	100%	N	0.1566	0.5182	0.9636	1.0279	0.8808
9	COP	\$100	\$10	\$30	\$45	\$20	\$60	\$90	\$1,250	100%	N	0.1366	0.4707	1.0127	0.9781	0.8073
10	COP	\$100	\$5	\$25	\$50	\$10	\$50	\$100	\$1,250	100%	N	0.1437	0.4952	0.9942	0.9963	0.8341
11	COP	\$100	\$5	\$35	\$50	\$10	\$70	\$100	\$1,250	100%	N	0.1390	0.4790	0.9824	0.9905	0.8256
12	COP	\$50	\$10	\$20	\$35	\$20	\$40	\$70	\$1,250	100%	N	0.1557	0.5258	1.0493	1.0033	0.8445
13	CMB	\$50	\$10	20%	20%	\$20	20%	20%	\$1,250	SAAO	N	0.1276	0.4309	0.9457	0.9783	0.8076
14	COI	\$0	50%	50%	50%	50%	50%	50%	\$1,250	SAAO	N	0.1153	0.3815	0.9806	0.9434	0.7562
15	COI	\$0	0%	20%	50%	0%	20%	50%	\$1,250	SAAO	N	0.1500	0.4963	0.8917	1.0375	0.8949
16	COP	\$0	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	SAAO	N	0.1434	0.4745	0.9950	0.9954	0.8329
17	COP	\$0	\$15	\$25	\$40	\$30	\$50	\$80	\$1,250	SAAO	N	0.1509	0.4993	1.0615	0.9918	0.8275
18	COP	\$0	\$5	\$10	\$25	\$10	\$20	\$50	\$1,250	SAAO	N	0.1752	0.5797	1.0050	1.0475	0.9097
19	COP	\$0	\$5	\$20	\$35	\$10	\$40	\$70	\$1,250	SAAO	N	0.1620	0.5360	0.9795	1.0328	0.8880
20	COP	\$100	\$0	\$20	\$40	\$0	\$40	\$80	\$1,250	SAAO	N	0.1557	0.5365	0.9656	1.0257	0.8775
21	COP	\$100	\$10	\$15	\$30	\$20	\$30	\$60	\$1,250	SAAO	N	0.1507	0.5193	1.0620	0.9913	0.8268
22	COP	\$100	\$10	\$20	\$40	\$20	\$40	\$80	\$1,250	SAAO	N	0.1473	0.5076	1.0707	0.9832	0.8149
23	COP	\$100	\$10	\$25	\$45	\$20	\$50	\$90	\$1,250	SAAO	N	0.1386	0.4776	1.0367	0.9758	0.8040
24	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	SAAO	N	0.1334	0.4597	1.0212	0.9699	0.7953
25	COP	\$50	\$10	\$20	\$35	\$20	\$40	\$70	\$1,250	SAAO	N	0.1534	0.5181	1.0550	0.9978	0.8364
26	COP	\$50	\$10	\$20	\$50	\$20	\$40	\$100	\$1,250	SAAO	N	0.1506	0.5086	1.0620	0.9912	0.8267
27	COP	\$50	\$10	\$25	\$40	\$20	\$50	\$80	\$1,250	SAAO	N	0.1443	0.4873	1.0218	0.9901	0.8250
28	COP	\$50	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	SAAO	N	0.1381	0.4664	1.0087	0.9819	0.8130
29	COP	\$50	\$5	\$10	\$25	\$10	\$20	\$50	\$1,250	SAAO	N	0.1673	0.5650	1.0222	1.0298	0.8836
30	COP	\$0	\$10	\$20	\$40	\$20	\$40	\$80	\$1,250	SAAO	N	0.1582	0.5235	1.0433	1.0091	0.8530
31	COP	\$0	\$10	\$25	\$40	\$20	\$50	\$80	\$1,250	SAAO	N	0.1498	0.4957	1.0079	1.0037	0.8451
32	COP	\$0	\$10	\$30	\$60	\$20	\$60	\$120	\$1,250	SAAO	N	0.1419	0.4695	0.9988	0.9916	0.8273
33	COP	\$0	\$10	\$35	\$60	\$20	\$70	\$120	\$1,250	SAAO	N	0.1380	0.4566	0.9848	0.9881	0.8221
34	COP	\$0	\$15	\$30	\$45	\$30	\$60	\$90	\$1,250	SAAO	N	0.1418	0.4692	1.0281	0.9840	0.8160
35	COP	\$0	\$5	\$20	\$45	\$10	\$40	\$90	\$1,250	SAAO	N	0.1600	0.5294	0.9840	1.0281	0.8810
36	COP	\$0	\$5	\$30	\$50	\$10	\$60	\$100	\$1,250	SAAO	N	0.1501	0.4966	0.9553	1.0186	0.8670
37	COP	\$100	\$10	\$30	\$45	\$20	\$60	\$90	\$1,250	SAAO	N	0.1341	0.4621	1.0192	0.9718	0.7980
38	COP	\$100	\$10	\$30	\$50	\$20	\$60	\$100	\$1,200	SAAO	N	0.1336	0.4604	1.0205	0.9705	0.7962
39	COP	\$100	\$15	\$30	\$45	\$30	\$60	\$90	\$1,250	SAAO	N	0.1331	0.4586	1.0517	0.9619	0.7835
40	COP	\$100	\$15	\$30	\$50	\$30	\$60	\$100	\$1,250	SAAO	N	0.1324	0.4562	1.0536	0.9602	0.7809
41	COP	\$100	\$5	\$20	\$40	\$10	\$40	\$80	\$1,250	SAAO	N	0.1476	0.5086	1.0133	0.9984	0.8372
42	COP	\$100	\$5	\$20	\$45	\$10	\$40	\$90	\$1,250	SAAO	N	0.1468	0.5058	1.0154	0.9963	0.8341
43	COP	\$150	\$10	\$30	\$50	\$20	\$60	\$100	\$1,250	SAAO	N	0.1294	0.4459	1.0324	0.9594	0.7797
44	COP	\$50	\$10	\$25	\$35	\$20	\$50	\$70	\$1,250	SAAO	N	0.1452	0.4904	1.0195	0.9923	0.8282
45	COP	\$50	\$10	\$35	\$70	\$20	\$70	\$140	\$1,250	SAAO	N	0.1318	0.4451	1.0014	0.9718	0.7980
46	COP	\$50	\$15	\$25	\$40	\$30	\$50	\$80	\$1,250	SAAO	N	0.1460	0.4931	1.0739	0.9802	0.8105

* **Type:** COI = coinsurance; COP = copay; CMB = combined

* **Diabetic:** If "100%" then Diabetic supplies are covered at 100% of allowed charges;

If "SAAO" then Diabetic supplies are subject to cost sharing same as any other prescription drug.

* **Lifestyle Exclusion Rider :** If "Y" then the benefit has the Lifestyle Exclusion Rider.

Illustrative Example of the 2 component pharmacy adjustments

Average Population Statistics				
	#Scripts	%Mixture	Cost/Rx	Member Months
Generic	750,000	75.0%	\$25.00	
Formulary Brand	150,000	15.0%	\$215.00	
Non-Formulary Brand	100,000	10.0%	\$240.00	
TOTAL	1,000,000	100.0%	\$75.00	1,500,000

Paid:Allowed Ratio	80.0%
Average Allowed Charge	\$50.00

Plan A Assumptions	
%mixture	
80.0%	
12.0%	
8.0%	
Paid:Allowed Ratio	
75.0%	

(a) Adjustment for plan specific GDR

#Scripts
800,000
120,000
80,000
1,000,000

(b) Frequency Adjustment for Plan A

#Scripts
784,000
117,600
78,400
980,000

Plan A Allowed Charge

\$42.47

Plan A Paid

\$31.85

Step (a): Re-allocate the 1,000,000 scripts from the average population to the expected distribution of Plan A.

Step (b): Adjust the number of scripts from the average population to the expected utilization of Plan A. Since the paid:allowed ratio of Plan A is lower than the average, the number of scripts consumed decreases.

The combination of these adjustments creates a Plan A specific allowed charge of \$42.47. Multiplying by the paid:allowed ratio gives the expected benefit paid of \$31.85.